

**California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form
Statewide, County and Hospital of Occurrence by Infant Race/Ethnicity: 2004**

	State/County/Facility Name	Infant Race/Ethnicity	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any Breastfeeding	% Exclusive Breastfeeding
State	CALIFORNIA	African-American	26,141	18,314	7,981	70.1	30.5
State	CALIFORNIA	American Indian	542	415	249	76.6	45.9
State	CALIFORNIA	Asian	43,553	36,557	17,422	83.9	40.0
State	CALIFORNIA	Hispanic	270,248	225,842	78,303	83.6	29.0
State	CALIFORNIA	Multi-Race/Other	31,438	26,345	16,127	83.8	51.3
State	CALIFORNIA	Pacific Islander	788	538	216	68.3	27.4
State	CALIFORNIA	White	144,335	125,905	89,126	87.2	61.8
State	CALIFORNIA	Missing	4,514	3,537	2,014	78.4	44.6
State	CALIFORNIA	TOTAL	521,559	437,453	211,438	83.9	40.5
County	INYO	Hispanic	83	80	47	96.4	56.6
County	INYO	White	68	61	43	89.7	63.2
County	INYO	TOTAL	191	176	112	92.2	58.6
Facility	NORTHERN INYO HOSPITAL	Hispanic	83	80	47	96.4	56.6
Facility	NORTHERN INYO HOSPITAL	White	68	61	43	89.7	63.2
Facility	NORTHERN INYO HOSPITAL	TOTAL	191	176	112	92.2	58.6

Data Source: Genetic Disease Branch, Newborn Screening Data, 2004

Note 1: Data shown only for facilities listed as 'Regular Maternity', 'Kaiser', 'Alternative Birth Center', 'Pediatric', and 'Military' in the newborn screening database.

Note 2: Infant race/ethnicity is based upon mother and father race/ethnicity as recorded on the birth certificate.

Note 3: Data for facilities and counties with fewer than 25 total births with known type of feeding are not shown.

Note 4: Percents of any and exclusive breastfeeding are not shown for fewer than 20 events.

Note 5: Numbers of any and exclusive breastfeeding are not shown for fewer than 5 events.

Note 6: "Any Breastfeeding" includes those exclusively breastfeeding and those supplementing breastfeeding with formula. "Exclusive Breastfeeding" includes those who breastfeed only.

Note 7: Breastfeeding initiation rates vary widely by maternal characteristics. Data presented in these tables are not risk adjusted. Comparisons between facilities or among geographic locations should be made cautiously.

Note 8: The data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Branch. All nonmilitary hospitals are required to complete the Newborn Screening Test Form (DHS 4409) prior to an infant's discharge. Upon completing the form, staff must select one of the following five categories describing 'all feedings since birth' (not including water feedings): (1) Breast only; (2) Formula only; (3) Breast and Formula; (4) TPN/Hyperal and (5) Other.

Note 9: The denominator used to compute the percent any and percent exclusive breastfeeding data is "Total Known Feeding". Births with missing or unknown method of feeding are excluded. In 2004, 2.78% of all births in California had missing or unknown feeding data.